

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/550137

APPLICANT'S

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2					53						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
9				/			59						
10				/			60						
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12				/			62						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	1		↓	1	↓	↓							
TOTAL DEP.	21	←	27	←		←		↓	↓	↓	↓	↓	↓
TOTAL CLASSES	22	28					←	←					

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